

Care 2 Care Training Services Limited

Westbourne House

Inspection report

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Sheffield
South Yorkshire
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Tel: 01142348930

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Westbourne House is a care home providing personal care and accommodation for up to 11 people who have mental health needs. The home is situated close to Hillsborough shopping centre, with easy access to local amenities. The home is on two levels and does not have lift access to the second floor. All the bedrooms are single; the bedrooms do not have en-suite facilities. The home has a car park and accessible gardens.

Westbourne House was registered with a new provider, Care 2 Care Training Services Limited in May 2016.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This was the first inspection of Westbourne House since the new providers registered the location with CQC.

This inspection took place on 7 December 2016 and was unannounced. This meant the people who lived at Westbourne House and the staff who worked there did not know we were coming. On the day of our inspection there were 11 people living at Westbourne House.

People spoken with were positive about their experience of living at Westbourne House. They told us they felt safe and they liked the staff.

We found systems were in place to make sure people received their medicines safely.

Overall the home was clean. Some redecoration and refurbishment had taken place recently at Westbourne House. This had improved the environment for people.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. They told us they liked their jobs, worked well as a team and were well supported by the registered, care and general managers.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and

improved balanced diet was provided to people which took into account dietary needs and preferences so their health was promoted and choices could be respected.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place and these detailed how people wished to be supported. This information, however, was stored in more than one file and the files were difficult to navigate. This meant information on personalised care may not be readily available to staff and people.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service had regular meetings with the registered manager and provider to ask their opinion on the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said they had no concerns for their safety and told us they felt safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

Sufficient levels of staff were provided to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People were offered a variety of options to meet their nutritional and hydration needs. People living at Westbourne House told us they enjoyed the food and drinks on offer.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People living at the home said they could speak with staff if they had any worries or concerns and they would be listened to.

A range of activities were provided for people which were meaningful and promoted independence.

Support plans were in place and these detailed how people wished to be supported. This information, however, was stored in more than one file and the files were difficult to navigate. This meant information on personalised care may not be readily available to staff and people.

Is the service well-led?

The service was well led.

Staff said the registered manager and senior staff were approachable and communication was good within the home. Some staff and resident meetings were held so their views could be heard and acted upon.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available for staff which were currently being updated.

Good ●

Westbourne House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 December 2016 and was unannounced which meant no one at the service knew beforehand that we would be visiting. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about Westbourne House. This included correspondence we had received about the service and notifications submitted by the service. The service was not asked to complete a provider information return (PIR) for this inspection because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted commissioners of the service, the local authority safeguarding team, Healthwatch and other stakeholders for any relevant information they held about Westbourne House. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Information received from them was reviewed and used to assist with our inspection.

During our inspection we spoke with six people living at the home to obtain their views of the support provided. We spoke with five members of staff, which included the care manager, the general manager, a senior support worker, a support worker and a member of ancillary staff. The registered manager was on leave on the day of inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them.

We spent time looking at records, which included two people's care records, four staff records and other

records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People living at Westbourne House told us they felt safe, comments included, "Staff check on me regularly during the night. That makes me feel safe" and "I feel very happy and safe here."

We observed people were supported to take their medicines as prescribed with appropriate drinks and encouragement. People said, "Staff encourage me to take my medicines. I know I need to because they make me feel better" and "They [staff] always bring me my medicines on time, eight o'clock every morning."

During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The care manager explained small amounts of monies were looked after for some people. Each person had an individual record and their money was kept in a separate wallet in the safe. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw the senior managers undertook audits of financial records to ensure they were correct.

We did discuss with the care manager one issue around people's monies. We found one person, who was able to make their own choices and decisions, wanted to buy staff a meal or drink when they were out together. We checked and found the homes policy did not prevent this but we discussed increased checks

and measures that could be introduced to safeguard people and staff.

We looked at two people's care plans and saw each plan contained risk assessments that identified the risk and the support people required to minimise the identified risk in the home and included community access, travel and daily routines. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date. We found the risk assessments were located in more than one file and the files were difficult to navigate. This meant information on identified risks may not be readily identifiable to staff and people. The care and general manager confirmed that new risk assessment and support plan documentation had been developed and was being introduced the week following this inspection. The managers said the risk assessments would be clearer, easier to locate and to navigate to in people's care documents.

People who used the service and staff all thought there were enough staff to help support people when they needed it. People said, "It's fine here. There are always staff around and to talk to" and "Staff come with me when I need to go out."

On the day of the inspection there was a senior support worker, support worker and a care manager on duty. There was also a domestic assistant and the general manager working at the home. Staff told us there were always between two and three support workers on duty during the day. The number of staff on duty was planned and taking into consideration the individual support needs of each person and their daily activity programme. This meant staff were always available to support people with social activities, therapy and healthcare appointments.

We saw people received support in a timely manner and staff were visible around the home, supporting people and sharing conversation.

We looked at four staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. We saw the provider had a staff recruitment policy so important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines.

We checked two people's Medicine Administration Record (MAR) charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We checked records and saw evidence of regular balance checks being carried out. We discussed with the care manager how it would be beneficial to increase the frequency of these checks, particularly if a person only received a controlled drug once a week. Daily checks would improve the audit trail for monitoring controlled drugs.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Managers also regularly checked staff competency in administering medicines and staff told us action was taken if they were found to be not administering medicines safely.

The registered manager and senior staff had also undertaken regular audits of people's MAR to look for gaps or errors. Following one audit the registered manager had reminded staff of the need to record on MAR whether 'prescribed when needed' (PRN) medicines had been offered to people, or whether the person had declined the medicines.

Regular checks of the building were carried out to keep people safe and the home well maintained. Firefighting equipment and gas safety were all checked on a regular basis by qualified contractors. Information on the fire risk assessment provided information about what action should be taken in the event of emergencies to prioritise the safety of the people living at the service. This assessment was updated in May 2016. The assessment detailed a more generic evacuation procedure for people who used service and staff. Because some people at Westbourne House had fluctuating mental health needs or mobility problems we discussed with the care and general managers the need for more specific assessments for individual people living at Westbourne House such as personal emergency evacuation plans (PEEP). The purpose of a PEEP is to ensure staff know how to assist each person to leave the building safely in the event of an emergency. These plans also assist emergency services.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found Westbourne House was clean. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean.

Is the service effective?

Our findings

People spoke positively about living at Westbourne House. People told us, "I'm very happy here" and "It's good here, a very nice home."

We checked and found that staff had the knowledge and skills to carry out their roles and responsibilities.

People said, "The staff are well trained and know everything they should about me and my health. They also know about first aid."

Induction training was provided to staff so they had the skills and knowledge for their role. Induction records showed new staff spent time shadowing more experienced staff to help them understand their role. The general manager informed us new staff were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

When we spoke with staff they told us the training provided them with the skills they needed to do their job. The general manager provided a training matrix, the record by which training was monitored so that training updates could be delivered to maintain staff skills. The training matrix showed staff were provided with training relevant to their role which included, moving and handling, health and safety, infection, prevention and control, safeguarding, food hygiene, fire safety, first aid, end of life care and challenging behaviour.

Some staff said they had requested additional training on supporting people with mental health needs. They and the care manager confirmed this training had been organised and was being delivered within the two weeks following this inspection.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff said they received one to one supervision every six to eight weeks. Staff told us how useful and supportive they found these sessions. Records seen showed that staff were provided with individual supervision on a two monthly basis, and an annual appraisal for development and support.

We checked and found that people consented to care and treatment in line with legislation and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found there were people being deprived of their liberty and that the assessments and decisions were in place and had been properly taken and authorised. Staff we spoke with confirmed that the authorisations in place were being complied with. In this way the DoLS legislation is being utilised as it was intended to protect people's rights.

The care and general manager were aware of the role of Independent Mental Capacity Advocates (IMCAs) and confirmed an IMCA was supporting one person at the home.

We did find the supporting DoLS documentation for one person who was reviewed in June 2016 had still not been forwarded by the appropriate body. The care manager said they would contact the assessor and 'chase up' the documentation.

Staff we spoke had an understanding of the MCA and DoLS and could describe what this meant in practice. Staff said and records checked showed staff had been provided with training. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

We checked how people were supported to have sufficient to eat, drink and maintain a balanced diet. To do this we viewed people's assessments and care plans and observed the lunch time meal in the dining room. We also spoke with people about their experiences.

People's nutritional needs had been assessed during the care and support planning process and people's needs in relation to nutrition identified.

The dining room was comfortable, homely, well used, clean and bright and had sufficient tables for everyone to be seated there for meals, if they chose to do so.

At meal times we saw there were clean tables with paper napkins and condiments on the tables. The chairs were comfortable. There was a choice of main meal and dessert. Portions were adequate, neither large nor small. Pots of tea, juice or water were available on people's tables.

People said, "The food here is excellent, there is always a choice if you don't like something," "The food is good. I get plenty to eat" and "The food is good, I like the salad here."

A cook had recently been appointed into post at Westbourne House. Prior to this staff cooked and provided all meals for people. Staff and people living at Westbourne House said since the new cook was appointed the quality and choice of food had improved and people were receiving a much more balanced diet.

People told us they saw medical professionals when needed. People said, "Staff help me get to the doctors when I need to go" and "Staff are good, they come to the hospital with me."

We saw in people's care records they received assistance to access health appointments and staff sometimes attended appointments with people to provide support during the visit. One person was being

supported to see a health professional on the day of inspection. Care plans contained information about people's health so that staff could provide appropriate support.

Overall the home was clean. Some redecoration and refurbishment had recently taken place, this had improved the environment for people. New carpets had been provided, rooms redecorated and some bedrooms refurbished. People said, "The new decoration is lovely, I like the new lounge."

Is the service caring?

Our findings

People told us they liked living at Westbourne House. Comments included, "The staff are lovely, [named staff] is a good friend," "I'm a happy person and love living here" and "We are like a family here. Staff and residents all get on, we make sure everyone is alright."

There was a friendly relaxed feel to Westbourne House.

Throughout our inspection we saw Interactions between staff and people were patient and caring in tone and language. People were relaxed in the company of staff and the relationship between them was friendly and open. We saw that staff approached people in a casual way, knowing people's names and having some shared history with them as well as knowing what their likes and dislikes were.

We saw staff spent time with people who were emotionally upset and sometimes put a comforting arm around the person's shoulder and reassured them everything was alright. This seemed to provide comfort and help to reassure the person.

Throughout our inspection we saw people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and plans so these could be respected.

Our discussions with people told us people were encouraged where possible to maintain their independence. People said they could go out where and when they wanted to.

We saw people's privacy and dignity was promoted so people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity.

The care manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. One person was receiving support from an Independent Mental Capacity Advocate (IMCA).

We were told by staff that the organisation and staff would strongly wish to support any person who wished to die in the home. Staff had been provided with training in end of life care.

Is the service responsive?

Our findings

People told us staff supported them in the way they needed and preferred. People said, "Staff are great, they help me and make me feel better" and "Staff are A1, they really look after everyone here."

Staff checked choices with people and gained their approval. For example, staff were seen to check with a person if they were going to attend day service. They supported the person to make a decision and said they would ring day service for them to let them know they wouldn't be attending. We saw people got up when they wanted and were supported to get breakfast. People were offered choices at meals times and what they wanted to drink with meals and during the day.

People participated in a range of daily activities many of which were meaningful and promoted their independence in and outside the service. There was a computer for people to use. People also participated in craft work and baking sessions.

Two people regularly attended day service. One person said they enjoyed going but didn't enjoy getting up early to go.

We found a range of activities were provided, and these were based on people's individual interests. The home supported people to attend regular events. Some people said they were planning to attend a carol service at the cathedral another person told us they were going to the pantomime this Christmas. We found activities included meals out at various local pubs, shopping trips, and a few people regularly walked into the local shopping centre.

One person said, "I like to go in the garden. I help the gardeners every Wednesday." Another person said they enjoyed visiting a snooker club once a week.

People said they maintained good links with their family and friends. One person said, "I go out for dinner a lot with [named family member]."

We looked at two people's support plans. People's care records included an individual support plan. The plans seen contained details of people's identified needs and the actions required of staff to meet these needs. From speaking with people we found that plans included some individual preferences. For example, likes and dislikes around specific hobbies and interests and food preferences.

The support plans, however, were quite difficult to navigate through and did not provide a clear accessible picture of the person as an individual as information was recorded in two or three files. The support plans had been regularly updated by staff but there was only limited involvement in these reviews by the person or their family.

The care and general manager confirmed that new support plan documentation had been developed and

was started being introduced the week following this inspection. The managers said the new plans were more 'person centred' and the key information and risk assessments were easier to navigate to. The managers said the person themselves would have far more input into how these plans were written and updated. The managers said they would be having discussions with people and staff during the week following this inspection and all people would have a new updated plan by the end of January 2017.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff said they understood new support plans were being introduced which were more 'person centred'.

Despite the improvements planned for people's support plans, staff spoken with still had a very good knowledge of people's individual needs. Staff could clearly describe the history and preferences of the people they supported.

We checked how the service listened and learnt from people's experiences, concerns and complaints.

We saw a complaints policy/procedure was in place which was displayed in the entrance hall and in the Service User Guide. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included time scales for responses.

People said they had no concerns they wished to raise. Comments included, "I can't find fault. I am happy" and "There is nothing to complain about, if there was I would speak with [name of care manager]."

Stakeholders we contacted prior to the inspection told us they had no current concerns about Westbourne House.

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC.

On the day of the inspection the registered manager was not working, however staff were being supported on site by a care and general manager. From discussions with the managers and staff it was evident they all had a good understanding and knowledge of the people who lived in the home.

General observation of the management of the care home was that the care and general manager were visible and very involved with the day to day running of the home. The atmosphere was friendly. We saw that people living at the home freely approached the managers to speak with them.

People's comments about the service were very positive and included, "I love living here," "Everything here is spot on" and "We all get on here, it's a good place."

We checked the audits undertaken to ensure a quality service was provided and any risks to people and the environment identified, assessed and managed.

We saw checks and audits had been made by the registered manager and maintenance staff at the home. These included care plan, medication, health and safety and infection control audits. The senior person on duty also completed a 'daily walk around' audit. This gave a senior member of staff the opportunity to check the environment, speak with people to make sure they had no concerns and to make a health and safety check of the building.

We found resident meetings were held to provide people with an opportunity to feedback their opinions of the quality of service provided. We saw minutes of the last meetings in August and October 2016 where activities, management arrangements, meal choices and general environmental issues were discussed. We saw people had been involved in developing the new menus which were now in place. People said they often sat and 'chatted' to staff. We saw these discussions were much in evidence during the inspection with staff sitting at the dining tables talking with people.

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Staff confirmed they attended these meetings regularly. We saw minutes of the meetings, the last one was held in November 2016, which covered a number of areas and included discussions around training, improving some care practices and general care issues.

All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff said, "I feel very well supported, the managers have been really good with me

and looked after me," "I love working here" and "The managers are really approachable, it's a good place to work."

The home had policies and procedures in place which covered all aspects of the service. We saw these policies were in the process of being updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The managers were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. We checked accident and incident records and found that any notifications required to be forwarded to CQC had been submitted .We spoke with the care manager about submitting different types of notifications and signposted them to the CQC (Registration) Regulations 2009 for further guidance.